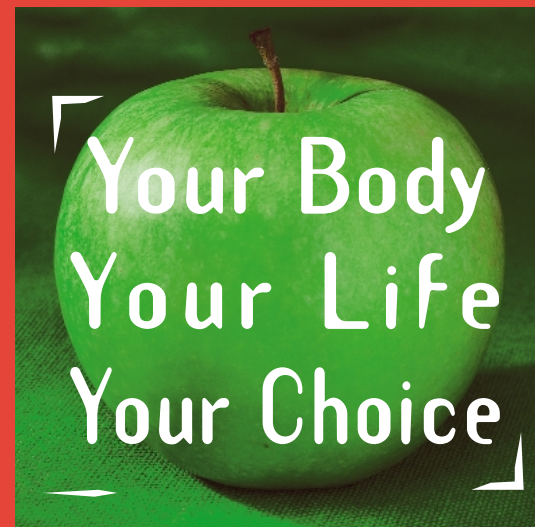
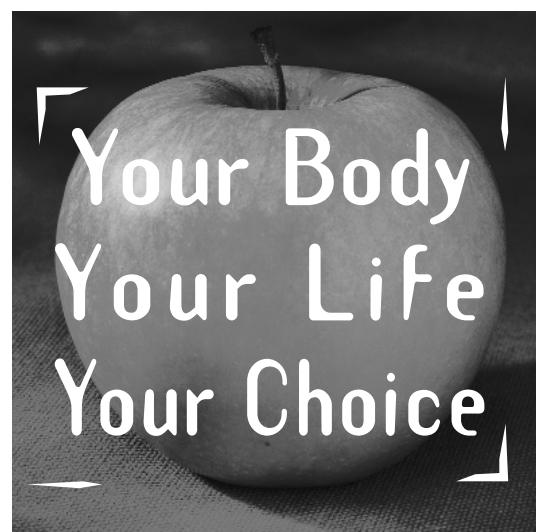


# Evaluating public information campaigns on drugs: a summary report



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## Authorship

This report has been prepared for the Health Promotion Agency for Northern Ireland by Richard Ives and Barbara Wyvill of *educaRI*, with statistical and methodological advice from Vanessa Simonite.

## Acknowledgements

Thanks to Rob Phipps of the Health Promotion Agency for his guidance and support.

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# Introduction

## About the campaigns

Between 1997 and 1999, the Health Promotion Agency for Northern Ireland conducted a three-phase public information campaign on drugs, which primarily targeted 10-17 year olds. The campaigns included TV and cinema advertisements, an information booklet, postcards, posters, a website and other components. In Phase I, the campaign was primarily aimed at 10-13 year olds, while the Phase II and III campaigns were aimed at the 14-17 year old age group. The Phase II and III campaigns focused on three drugs: LSD, Ecstasy and amphetamines (speed). The advertisements presented certain well-established risks of using these drugs.

## Evaluating the campaigns

Prior to the start of the campaign, a 'benchmark study' was carried out. A report of the findings from the benchmark study was published.<sup>1</sup> An evaluation was conducted following each phase of the campaign. These evaluations included questionnaire surveys which were conducted with a representative sample from each target group. Qualitative research was also conducted. Each evaluation resulted in a report to the Agency, which was used to develop subsequent phases of the campaign.

The Agency commissioned a report to draw together the results of the four pieces of research, and to provide recommendations based on the overall findings. A full report has been produced;<sup>2</sup> this document presents a summary of that report.<sup>3</sup>

The main report covers a number of areas, including young people's awareness of different drugs, and their use of drugs. It explores their knowledge about drugs, and their opinions about the feelings that different drugs can create. This summary covers the key findings and provides recommendations for future actions.

## Purpose of this summary

Although this report is focused on Northern Ireland, there are pointers for a wider audience. We know too little about the impact of drugs campaigns on young people, and it is rare to find a campaign - like this one - that has been informed and shaped by evaluations at each stage. It is even more unusual to have a campaign that is able to compare post-

campaign evaluation data with baseline data collected before the campaign started.

Thus, the Health Promotion Agency is making this summary available to a wider audience in the hope that others can learn from it. The findings indicate some of the successes of this approach, but also some of the difficulties involved in planning, executing and evaluating drugs campaigns. Mistakes were made, and these have been honestly reported in the belief that others can learn from the errors of pioneers.

## Timing and content of the campaigns

Table 1 opposite shows the sequencing of the campaign phases and of the evaluation surveys. It also shows the target groups.

The Phase I campaign was targeted at 10-13 year olds, and its aim was to 'delay the onset of experimentation with illicit drugs'. It took place early in 1997 and it included a television advertisement entitled 'Apple'. The advertisement showed a green apple, which slowly rotated to show a hollow inside which had been eaten away from the inside by maggots. The voice-over pointed out that while drugs can appear attractive, you can't always see the damage they are doing.

Phase II was targeted at 14-17 year olds. It had three main objectives:

- to provide accurate, credible information about illicit drugs;
- to raise awareness of the dangers associated with illicit drugs;
- to influence the attitudes of young people so they are prepared not to experiment with drugs.

Phase II of the campaign took place between November 1997 and January 1998 and had several components. The 'Apple' television advertisement from Phase I was repeated and three new TV/cinema advertisements - covering Ecstasy, LSD and speed (amphetamine) - were aired. These advertisements showed young people having a good time with their mates at first, but then things going wrong. Also included in the campaign were three radio advertisements on Ecstasy, LSD and speed; an information booklet; an Internet page; and advertisements in *Bassline* (a dance magazine).

Phase III repeated aspects of the Phase II campaign and took place during January 1999. It also included elements intended to reach parents of children and young people.

### Nature of the evaluations

The evaluation of Phase I involved a questionnaire to 2,025 10-13 year olds. The evaluation of Phase II covered 2,000 14-17 year olds in school plus a further 300 16-17 year olds who were not at school. There was also a study of 700 10-13 year olds. The evaluation of Phase III covered 548 10-13 year olds as well as 2,012 14-17 year olds. Parents were also surveyed.

Many of the same questions were asked in the benchmark study and in the three stages of evaluation, which potentially allows for comparisons between the different surveys. Key questions on drugs included: awareness of different drugs (both unprompted and prompted); knowledge about certain drugs (including their effects and their legal status); feelings about certain drugs; and how harmful these drugs were perceived to be. There were also a number of other questions, including some about their own experiences with drugs.

**Table 1: The timing of campaigns and evaluation surveys**

Campaign/ survey	Date	Details
Benchmark study	Nov 1996-Jan 1997	Conducted with 4,000 10-13 and 14-17 year olds in school, and 16-17 year olds not in school.
Campaign Phase I	early 1997	Aimed at 10-13 year olds.
Phase I evaluation	April-May 1997	Conducted with 2,025 10-13 year olds. Four focus groups were held with 10 and 12 year old boys, and 11 and 13 year old girls.
Campaign Phase II	Nov 1997-Jan 1998	Aimed at 14-17 year olds.
Phase II evaluation	Feb 1998	Conducted with 700 10-13 year olds and 2,000 14-17 year olds in school and 300 16-17 year olds not in school. Four focus groups were held with young people aged 14, 15, 16 and 17.
Campaign Phase III	Jan 1999	Aimed at 14-17 year olds and parents
Phase III evaluation	Feb 1999	Conducted with 548 10-13 year olds, 2,012 14-17 year olds, and parents.

# Key Findings

## Scope of the campaigns and their reach

The television and cinema advertisements reached almost all the target population. For example, at Phase I, when they were shown the 'Apple' TV advertisement, almost everyone in the sample (93%) said they had seen it. Older respondents were more likely to recall it, and girls' recall was more accurate than boys. Other materials had rather less - but still good - reach, for example, 37% recalled having seen drug-related posters. After being shown all the campaign material, the respondents at Phase I were asked to write down what they thought the campaign message was. About two-thirds of this younger age group thought that the message was, 'don't take drugs'.

Phase II of the campaign was aimed at an older group. Among other things, it promoted the National Drugs Helpline: the evaluation showed that 85% of the sample was aware of this. Awareness of at least

one of the three TV advertisements was high (80%), and almost half had heard one of the radio advertisements. However, few respondents had seen the campaign booklet (due to its limited distribution) or the Internet page.

Phase III of the campaign was similarly effective: three quarters of the respondents could spontaneously recall some aspect of the campaign. On viewing the TV/cinema advertisements, 94% of the sample said that they had seen at least one ad before. However they did not seem to take in the specific messages from the advertisements: the main message was reported to be 'don't take drugs'. Distribution of the campaign booklet was improved and just over a fifth said that they had seen it - mostly at school.

Table 2 summarises the awareness of each stage of the campaign.

**Table 2: Summary of campaign awareness for Phases I, II & III**

Campaign element	Phase I 10-13 year olds		Phase II 14-17 year olds		Phase III 14-17 year olds	
	unprompted	prompted	unprompted	prompted	unprompted	prompted
TV/cinema advertisements	56	93	68	80**	76	94**
Radio advertisements	not used	not used	34	45**	26	25
Magazine articles/advertisements	not used	not used	46	not reported	43	not asked
Posters	37	30	22	not asked	not used	not used
Postcards	4	29	not used	not used	not used	not used
Leaflet/booklet	30	28*	not asked	9	not asked	22
Internet	not used	not used	2	3	4	4
Drugs helpline	not asked	85	46	85	37	84

\* but only 12% said they had read it

\*\* seen/heard at least one of the three advertisements

Comparisons across the phases of the campaign

The answers to the various questions were compared across the different phases of the evaluation, to see if there were differences in young people's responses. There were some difficulties in making comparisons with the benchmark study, partly because of differences in methodology.

However most differences between the evaluations of the three phases were small. Because of changes in young people's perceptions of drugs that occurred for reasons other than the campaigns (such as media coverage of drugs stories), it is difficult to say unequivocally that the campaigns have had an impact on young people's perception of drugs. However, the fact that, for example, differences in reported levels of drug use were small implies that the campaigns were, at least, not in any way 'encouraging' drug use.

On measures that asked respondents to identify the feelings that different drugs created, there were some interesting changes, with more negative feelings being identified in later phases - especially for the three drugs on which the campaigns focused. For example, the LSD advertisement presented some of the frightening effects of a bad LSD trip, and the

subsequent evaluations showed, for example, that 'scary nightmares' tended to be more often identified after the campaign as an effect of LSD by both the younger and the older age groups.

There was also some indication of improvement in young people's detailed knowledge about the effects of drugs. Respondents were given eight statements about drugs, which tested their knowledge of the issues highlighted in the advertisements. For example, one message of the TV/cinema campaign was that 'not all Ecstasy tablets are the same', and the corresponding statement (for which there should be an answer of 'false') was 'all Ecstasy tablets are the same'. Among the older group, the proportion regarding this statement as false increased from 78% at Phase II to 94% at Phase III; only five per cent at Phase III didn't know or gave no response to this statement.

There were also some interesting findings in the survey data on issues that the campaign did not address, which offer pointers for tackling such issues in future campaigns. For example, it was concerning to find that quite large proportions of young people appeared to think that drugs were legal - as Table 3 shows, about a tenth of 14-17 year olds thought that Ecstasy was legal.

Table 3: Percentage saying that a drug was legal

	Benchmark		Phase I	Phase II		Phase III	
	10-13	14-17	10-13	10-13	14-17	10-13	14-17
Age group							
Drug							
LSD	23	18	23	22	11	20	10
Ecstasy	25	18	22	21	11	14	11
amphetamines	20	15	19	18	10	11	10
cannabis	24	20	24	22	12	21	12
solvents	24	36	40	38	54	39	55

## Discussion

The campaigns employed appropriate techniques from modern marketing to communicate with their young target groups. But the messages were more complex than those that most commercial firms are concerned with. Health promoters, unlike commercial advertisers, are not concerned with 'selling a product' but with improving knowledge and encouraging different attitudes and behaviours.

In order to maintain credibility with young people, campaigns must acknowledge the attractions of drugs, even while pointing out their dangers.

For a mass media campaign, the budget was relatively small (£175,000 a year over three years).<sup>4</sup> We should therefore not expect to see unequivocal changes in drug use, drug knowledge, or attitudes towards drugs, but the results from the evaluations tend to point in positive directions.

Within the limitations of the campaign, and within the limitations of this study, we can say that the campaign appears to have had the intended effect on the knowledge and attitudes of young people in Northern Ireland towards drugs. It may have even led to a reduction in the use of the three drugs specifically targeted in Phases II and III.

There are indications of greater changes in young people's views on the three 'campaign' drugs (amphetamines, LSD and Ecstasy) than in their views on the two 'non-campaign' drugs we looked at - there was a greater tendency after the campaigns to attribute less positive and more negative feelings to the campaign drugs.

In addition, as measured by the true-false questions, young people seemed to have more accurate knowledge about some aspects of these drugs.

In conclusion, the campaigns have had some success in drawing young people's attention to negative aspects of drug use that they may not have previously considered. There is evidence that the campaigns were successful in that they appeared to have some impact on young people's knowledge of, and attitudes towards, drugs and drug use.

This campaign, and the learning that has come from it and from the evaluations, provides a basis for future drug prevention activities. This work has led to a number of recommendations, outlined opposite.

# Summary of recommendations

In summary, the report makes the following recommendations:

## The right approach

- Campaigns, like this one, which use a variety of media over a sustained period are part of the right approach to tackling drugs issues with young people.
- Evaluation is crucial - this campaign was evaluated at each stage and the results of the evaluations influenced the next stages.
- The messages of this campaign were realistic and did not ignore the attractions of drug use to young people. The campaign appears to have maintained credibility with the young target groups, without upsetting the adult audience.

## Future campaigns

- In future, create more focused campaigns with operationalised aims and objectives.
- Tailor the messages for different target groups, customising the message and presentation appropriately.
- Use different media for different purposes.
- Continue to ensure accuracy and truth of messages to maintain credibility.

## Future campaign content

- There is a continuing need for basic information about drugs.
- Certain groups, for example 'clubbers', may need specific information about some drugs.
- Provide differently nuanced messages for different target groups.
- Consider including the issue of the illegality of drugs in any future campaigns.

- Continue to address the issue of how to deal with emergency situations.
- Further develop the notion of 'looking out for your mates'.
- Target the issue of volatile substance abuse.
- Link drugs campaigns to tobacco and alcohol use and their problems.
- Keep a close eye on youth trends and what is attractive to young people.

## Targeting

- Identify groups at risk of problematic drug misuse.
- Target at-risk groups creatively.
- Link with professionals who are in contact with young people.
- Use young people themselves through, for example, peer education projects.
- Focus on parents as key influences on young people.

## Evaluations

- Assess campaigns using evaluations clearly focused on the operationalised aims and objectives.
- Plan the evaluation process when planning the campaign.
- Ask the same questions at each stage (unless there are very good reasons to change).
- Ensure all raw data from evaluations are readily available as soon as possible.
- Market research companies should produce statistical reports that provide more details.
- Produce in-depth analysis that investigate particular groups of interest more fully.



## 'Your Body, Your Life, Your Choice'

Any public health campaign will have great difficulty in presenting accurate information about drugs. There is so much misinformation, and the general view of the public is at considerable odds with the objective facts about the effects of drugs. Many young people will have had various experiences of drug use. Different people experience drugs in different ways and young people's own experiences of drugs may not fit with the campaign messages. This dissonance may lead young people to reject the messages of the campaign wholesale.

The Health Promotion Agency's campaign addressed this difficulty head on with the campaign slogan, 'Your Body, Your Life, Your Choice'. This acknowledged that young people had to make up their own minds about drug use.

## Phase IV Campaign

Since the main report was completed a further phase of the campaign has been developed and implemented. This took place in January 2000 and targeted specifically the 10-13 age group, with the re-broadcasting of the 'Apple' television and cinema advertisements, and the distribution of the leaflet to all 10-13 year olds through schools. In addition a new booklet for parents addressing the issue of how to talk to young people about drugs was developed and disseminated through schools at the same time.

Evaluation of Phase IV took place in February 2000, with a sample of 2,067 10-13 year olds, and shows encouraging progress. There was a high awareness of the campaign - 96% prompted awareness (compared to 93% for Phase I). There was a much higher awareness of the leaflet, with 59% reporting having seen it, compared to 28% in Phase I. It would also appear that the understanding of the message of the campaign was improved.

## Notes and References

1. Health Promotion Agency for Northern Ireland. *Drugs - What Young People Know: report on knowledge and awareness of drugs among 10-17 year olds in Northern Ireland*. Belfast: The Health Promotion Agency for Northern Ireland, 1998.
2. Ives R and Wyvill B. *The Impact of Drug Education Campaigns on Young People: a case study in Northern Ireland*. Belfast: The Health Promotion Agency for Northern Ireland, 2000.
3. Both the report and this summary have been prepared by *educaRI*, a consultancy concerned with young people and drugs.
4. This is a lot of money in the context of drug prevention, but small in relation to the cost of imprisonment or treatment. For example, it costs £75,000 to keep a prisoner for one year in a Northern Ireland jail; and acute psychiatric hospital care costs £206 per person per day - resulting in a total cost of over £2,000,000 for alcohol-related acute hospital treatment in Northern Ireland in 1994/5.